

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 70/733 224
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27	1	1	1	1		
28		1		1		
29		1		1		
30	1		1			
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43	1		1			
44		1		1		
45		1		1		
46		1		1		
47	1		1			
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.	4		4			
TOTAL DEP.		14		14		
TOTAL CLAIMS	4	14	4	14		

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55	1		1			
56		1		1		
57		1		1		
58		1		1		
59		1		1		
60		1		1		
61	1		1			
62		1		1		
63	1		1			
64		1		1		
65		1		1		
66	1		1			
67		1		1		
68	1	1	1	1		
69		1		1		
70		1		1		
71		1		1		
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96						
97						
98						
99						
100						
TOTAL IND.	4		4			
TOTAL DEP.		14		14		
TOTAL CLAIMS	4	14	4	14		